

(Please Complete Both Sides)

6751 Columbia Gateway Drive Columbia, MD 20146 410-313-6420

## **Trespass Tow Registration**

| Name of Towing Service (Please Prin  | nt)   | Telephone #             |
|--------------------------------------|---|-------------------------|
| Type of Business: Corporation/Partne | ership/Sole Proprietor  |                         |
| Mailing Address                      |   |                         |
| Storage Lot Address                  |   |                         |
| Days & Hours of Operation            |   |                         |
| Names and Addre                      | esses of all Owners/Officers/Partners   |                         |
| Resident Agent's name and street add | dress (If towing service is a corporation)  |                         |
| City, State, Zip Code                | Te  | elephone #              |
|                                      | ION PAYMENT OPTIONS  and one or both of the following payment   | nt options (check one.) |
| (Other)                              | Personal Check ose cards you will honor. red)   |                         |
| Proof of insurance                   | on of each tow truck operated ce for each tow truck operated vices rate schedule for all towing services cused edures | S                       |
| Signature of Owner or CEO            | Title   | Date                    |

## **Trespass Tow Application Payment Options**

| Registration fees of \$150.00 a | are payable with cash, check, or debit/ credit card. |  |
|---------------------------------|--|--|
| Please make checks payable t    | to: <u>Director of Finance-Howard County</u>         |  |
| Payment by credit card:         |  |  |
| Credit Card Authorization       | Information  |  |
| Applicants Name:                |  |  |
| Email Address:                  | Telephone#:  |  |
| Please select a method of pa    | nyment: (*)  |  |
| □ Visa                          | ☐ Mastercard   |  |
| □American Express               | ☐ Discover   |  |
| Debit/Credit Card Number:       |  |  |
| Expiration Date:                | Security Code:                                       |  |
| Billing Address:                |  |  |
| Billing City, State, Zip Code:  |  |  |
| Cardholder Printed Name:        |  |  |
| Cardholder Signature/Date:      |  |  |